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SURGICAL LECTURES,

DELIVERED BY

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LECTURE 8.

GENTLEMEN,

Pursuing the subject of tumours, the description of the encysted will follow those of the sarcomatous kind.

Encysted Tumours

are so alike in feel to some of the species of tumours which I have before described, that they are not unfrequently mistaken for them. Yet they possess sufficient characteristics by which they may be distinguished if examined attentively. I say that we may generally distinguish them prior to the performance of an operation. Encysted tumours have a much *smoother surface;* they are more *regular in shape* than the sarcomatous; and if you examine them attentively, you will find that they have a *pulpy feel.* I have known, however, many tumours dispersed which had been taken for wens; and I have known tumours removed, supposed to be wens, which, on dissection, were found to be a soft regularly-shaped sarcoma. The necessity for this distinction is not very great, as both kinds of swellings generally require to be removed.

The cysts of these tumours are composed of several lamellæ, which are sometimes very closely compacted. Sometimes they adhere very firmly to the surrounding parts; at other times they are attached so loosely, that when you make an incision upon the cyst, the swelling starts out without further dissection. These tumours, from the nature of their different contents, have been called *steatomatous,* from the matter with which the cyst has been filled resembling fat; *meliceritous,* from its resembling honey; and *atheromatous,* when the contents have been of a consistence between the two former. Wens* have sometimes burst, and a peculiar structure has sprouted from the sides of the cavity. Horny excrescences have been in this way produced, of which there is a very curious example in the British Museum. Cases have been described by SIR EVERARD HOME, in which this horny material has been shown to proceed from the walls of the cyst. These excrescences frequently take place in quadrupeds, and the nature of such excrescences approaches very near to the structure of horn; but when they happen in man, they resemble more the structure of the nail. That the internal surface of the cyst secretes the substances of the different densities which I have described I think there can be no doubt. When a wen has burst, I have seen granulations arise from the surface; but these are generally flabby, and not disposed to heal. SIR ASTLEY COOPER is of opinion, that these tumours are formed by a distension of the sebaceous follicles, or of the *oil bags* of the skin, as I call them. He supposes that the mouth of the follicle becomes obstructed from some cause; that the secretion continues, and distends the follicle into a cyst, which eventually becomes lined with cuticle. Sir ASTLEY COOPER recommends that a puncture should be made into the tumour, and the contents be pressed out; that this plan may be repeated whenever it

* Mr. A. uses the term wens, as synonymous with encysted tumours.—EDIT. L.

distends again. If very large, they require to be removed, and the way in which he recommends this to be done, is to first lay open the cyst, empty it of its contents, and then dissect it out. I do not think this is so well as attempting to take the cyst out entire, for it is very difficult to get out the cyst after it has been evacuated, on account of the adhesions which sometimes are found. Although I have known cases where, in attempting to dissect the cyst out entire, it was punctured, and a part of the cyst was left; yet, by bringing the healthy skin in contact with the remaining portion of the cyst, adhesion took place, and there was no subsequent diseased action produced.

It has been supposed, that these tumours are of the nature of hydatids, but, that they have secreting surfaces the following case will show: A gentleman had a wen in his cheek, just upon the buccinator muscle; it protruded nearly as much into his mouth as it did externally, and it appeared as if he always had a plum in his mouth. It was so near the parotid duct, that its removal would have been attended with difficulty. The wen burst, and he applied to Mr. HUNTER, who tried many stimulating applications to make the sides of the cyst adhere, but to no purpose. The opening closed, the cyst filled again, and was more distended than before. The patient came to me wishing to have the swelling lessened, although unwilling to have it extirpated. He told me a story that he had heard, of a gentleman named Chisholm, having a tumour of the same sort cured by having strong brine rubbed on it by the direction of Mr. WARNER, and he wished me to do the same. I told him, that the only benefit to be expected from that was, by irritating and ulcerating the cheek to let out the contents of the cyst; but that I thought that the same thing might be accomplished in a much more easy and direct way, by pricking it with a lancet. He was pleased at the proposal, and consented. I just punctured the tumour, and squeezed out the contents, and pretty stinking stuff, I remember, it was; it was of the meliceritous kind. After it had been squeezed out, the wound made by the puncture healed, and the sac distended again, ulceration took place at the cicatrix, and it discharged itself. The same thing has happened frequently since, and left little or no scar. I do not, however, mean to recommend such a practice generally, for I consider that it is dangerous to irritate encysted tumours; the tumour which I have described to you was of an indolent kind, but there are other tumours which are not so, as I shall presently show you.

I said that it is difficult always to distinguish encysted from sarcomatous tumours, although it may be generally done.

A gentleman had a tumour, supposed to be sarcomatous, beneath the integuments on the lower edge of the pectoral muscle. He had felt pain in it occasionally, and it had at such times very much increased in size, and made him feverish and irritable. The tumour was about four inches in length and three in breadth; it had become a source of irritation, and he consented to have it removed; the integuments were divided, and the tumour dissected out; it had adhered in part to the edge of the muscle. The wound soon healed, and the patient's health became much better than it was before the operation. I took the tumour with me, that I might examine it; I cut into it, and found that it was of a soft sarcomatous substance, contained within a thin capsule, almost caseous; it had the firmness and yellowish appearance of cheese, but was not unctuous. About three months after two other tumours formed; one above and the other below the cicatrix; but they were not attended to by the patient till they were almost as large as walnuts. Being acquainted with the nature of the former tumours, and supposing that these were of the same description, the patient being at the same time adverse to the operation as it was described to him, it was agreed to puncture the upper tumour, to press out its contents, and await the consequence. An abscess lancet was introduced, and the contents of the tumour were found the same as in the former one. Violent erysipelatous inflammation took place; it was followed by sloughing; the inflammation extended down that side to the groin,

and to the opposite side of the chest. The constitutional derangement was as violent as the local, and he died in a week.

This case shows the danger of disturbing wens of an irritable nature, or in an irritable habit. Some individuals have a disposition to form wens in various parts of the body, and they sometimes appear to be hereditary.

The greatest number of encysted tumours do well; but there are some which, when they become open, produce great, and sometimes fatal, irritation. Some cysts become not only very vascular, but have a great disposition to bleed from their internal surfaces. This hæmatodal disposition appears to be owing to a diseased state of the vessels, and was first very plainly and accurately described by Mr. HEY. When I first read Mr. HEY's book, I did not exactly understand the manner in which he used the term; I thought he had substituted hæmatodes for hæmatoides, and I recollect a remark which I made on reading it; I said it ought not to be called fungus hæmatoides, but a fungus hæmasarcoides. I afterwards saw, however, that the term which Mr. HEY had used was quite correct, and that he had described well the tendency of such parts to hæmorrhage.

It was, at the time Mr. HEY described it, a very rare disease, and, in the course of a very long and extensive practice, he only met with three cases. It was so rare, that the London surgeons had never met with it; they did not know it: I speak plainly, but I speak truly, when I say they did not know it. This hæmatodal disposition in the vessels of an encysted tumour was peculiarly shown in the following case: A young woman had a tumour formed beneath the triceps muscle, near the elbow; it continued to increase, and in about twelve months it appeared beneath the integuments on the outer side of the arm, a little above the elbow. It had a feeling of fluctuation, and as the tumour appeared more inclined to extend itself than to give way, it was considered right to puncture it in the most projecting part. It was punctured by Sir GILBERT BLANE; some serous fluid was let out; he wished to ascertain the nature of the cyst, and poked his finger into it; it began to bleed; pressure was made, but the bleeding did not stop; he put in his finger again, but the more he poked, the worse the hæmorrhage became. It was very alarming; the vessels could not be got at; the opening was enlarged, to try to secure them; the surgeons become frightened, the tourniquet was obliged to be put on, and the amputation of the arm was decided on. This was done, but it was determined on in a moment of great agitation. I took the limb with me, and examined it; I looked at the cyst most carefully; I found that there was a layer of blood lining the inside of the cyst, which coagulum had been disturbed by the introduction of the finger, and produced the hæmorrhage. I looked further, and I discovered what alarmed me very much, which was, that a part of the cyst had been removed, and left on the stump. I attended very anxiously to the state of the stump; the wound appeared to heal well, but the edges of it separated, considerable inflammation succeeded, and a fungus shot forth, and the girl died. The fungus was of a dark colour, soft, and had a tendency to hæmorrhage. Be it known unto you, that it was the fungus hæmatodes of Mr. HEY. I remember having called one morning on Mr. PEARSON, the biographer of Mr. HEY, and he told me that he had some manuscript cases of fungus hæmatodes, which were to be added to those already published. He said, that he had inquired of a great many surgeons in London, if they had ever met with such cases, but they all said they had not. If you please, said Mr. P., I will read you one; so he began a case of fungus which had required amputation, and in which a part of the cyst had been divided. "Oh! stop," said I, "you may shut the book, I can tell you the end of that case; the stump threw out a fungus of the same kind, and the patient died." "You have seen the case then," said he. "Yes, I have, but only one, and I never wish to see such another."

There is a species of *encysted tumour*, which contains a kind of *serum* and *hydatids*, like the cysts sometimes found in the liver. Sometimes they

contain a number of granular substances of a white colour, and an oval figure, somewhat like pearl barley, or the size of small currants. I consider that these swellings are enlargements of the *bursæ*; I have always found them in those situations where I know bursæ are placed, especially about the top of the thigh and hip, the shoulder, elbow, and clavicle. A young lady had a large swelling beneath the biceps of the arm, it protruded on each side of the muscle, and reached near to the elbow joint. I punctured the swelling, and let out about six ounces of serum, with some of these little glandular bodies: laid a bit of simple dressing over the part, and the arm was supported in a sling. Serous fluid continued to escape for a few days, and the wound closed. I considered, then, if I could keep the cyst open with a tent for a little time, I might succeed in preventing an adhesion of it; but the irritation it produced soon made me remove the tent. I did not dare to persevere with it. Some time after it filled again, and, instructed by my former experience, I opened the cyst, and dilated the wound to the extent of an inch and a half. It was dressed lightly with a bit of simple ointment; it healed in three weeks, and since that time there has been no further collection of fluid.

I can tell you another case of this kind: A gentleman had a collection of fluid beneath the fascia of the ring finger and palmar fascia. The collection seemed to have begun in the palm, and had extended itself to the theca of the finger. As the fluid was nearest to the surface at this part, it was agreed in consultation that it should be opened here. An opening was made into it of about an inch and a half in length, and a large quantity of fluid gushed out containing the largest granules I ever saw; they were as large as small grapes. I pressed on the hand to squeeze them all out, and got out as many as I could; still I was uncertain whether they were all out. I dressed the wound superficially, and ordered a bread and water poultice to be applied. Fearing, however, that some of these granules might have been left, I took it into my head, three days after the operation, to inject some luke-warm water into the cavity, but no granules returned with it. This caused great nervous irritation in the part and in the constitution. Bless my soul! I saw the error, and I determined to inject no more warm water. About six weeks after, the skin had swollen, granulations shot out and projected very much above the level of the surrounding skin; it then became afterwards absorbed, and the wound healed.

From what I have seen of these swellings, I should not be inclined to inject them, or to irritate them, by keeping a tent in them; but to lay the part freely open, squeeze out the contents, put on a bread and water poultice, and attend to the state of the general health.

To return to the subject of sarcomatous tumours, they, in common with the encysted, may be considered as edifices built up by diseased actions, and which these actions continue afterwards to inhabit. The treatment of both encysted and sarcomatous tumours may be considered the same; it is that of lessening the temperature of the part, and applying leeches when the inflammation is active, and the use of stimulants of the kind I have before described, when the inflammatory action has quite subsided, and the tumour is of an indolent character. We suppose, in all cases where tumours are formed, an increase, and in some degree a disordered action, of the vessels which form them. In the growth and re-production of destroyed parts, a gelatinous material is first effused, which afterwards becomes vascular; and I have adduced this process as the simplest manner in which tumours form. It is probable that all tumours are at first formed in this way, but that the peculiarities which they afterwards exhibit depend upon some subsequent diseased peculiarity. Although these swellings will frequently, by surgical treatment, remain stationary for many years, by lessening increased action in and about the part, by soothing applications and attention to the general health; yet they will often continue to increase in size; they become sources of uneasiness and anxiety, and require to be removed, and they appear to be best removed in the way I have pointed out.

That languid form of inflammation, which builds up new structures and alters the functions of parts in the way which I have been describing, sometimes produces other effects. Now one of the consequences of disordered actions is the formation of

Chronic Abscesses.

These have thin capsules; do not alter the structure of the surrounding parts, nor produce any constitutional disturbance. Abscesses, on the contrary, which are the result of that violent inflammatory action which is called phlegmonoid, are attended with considerable disturbance in the neighbouring parts; the inflammation, which was violent in the centre and had terminated in suppuration, had, at the same time, induced the deposit of gelatinous matter in the surrounding cellular substance, and in this way built up a mound to prevent the further extension of the matter. It appears that the parts immediately covering such abscess partake of the irritation by which the matter makes its way to the surface and is discharged. Chronic abscesses, on the contrary, excite very little adhesion in the surrounding parts, the matter makes its way in all directions, and continues to do so, until the distension which such large accumulations will produce, excites irritation and ulceration at some part for their removal.

To show you that abcesses are sometimes of this indolent nature I will tell you a case: A gentleman applied to me with a small globular tumour, just beneath the integuments on the upper part of the pectoral muscle. Its formation had not been attended with much pain; it was soft, and had a fluctuating feel; the integuments were not at all discoloured, but appeared perfectly healthy and natural. I concluded that it was chronic abscess; I punctured it, and about twelve ounces of healthy looking pus escaped. The orifice was closed by sticking plaster; the matter re-accumulated, but was not confined as before within a thin cyst, but spread beneath the integuments towards the axilla; this swelling was again punctured, and the matter was discharged.

There is no doubt but that the state of the general health very much influences the state of these abscesses. The cysts of chronic abscesses are secreting and absorbing surfaces; if secretion goes on more briskly than absorption, the abscess increases; if abscrption be more active than secretion, it diminishes; and if secretion and absorption be equal, the abscess remains stationary, and frequently is so for years. Knowing the danger sometimes arising from the opening of such abscesses, and being convinced that the state of the general health very much influenced the progress or decrease of such abscesses, I have sometimes succeeded in removing them; and to show you what may be done, I shall repeat the following case: A gentleman of about 26 years of age, applied to me, having a large swelling on his thigh. The abscess had distended the fascia from the knee pan to near the middle of the thigh; it bulged out very much posteriorly. He looked unhealthy, was languid and irritable; his tongue was furred and his bowels irregular. I adopted the plan that I thought likely to remove the disorder of the digestive organs, but still the abscess increased, and I was obliged to make an opening into it, when about 30 ounces of pus came out; large flakey substances often appeared at the opening and obstructed the flow of pus; these were picked away, and out it would gush again. Towards the end some clots of blood appeared, and as they were large and numerous, and could be got out but with difficulty, I thought it would be better to close the wound, even before the whole of the matter was evacuated, than irritate the cavity by poking it too much. I brought the edges of the wound together by plaster, and put a roller round the limb. The cavity, however, filled again rapidly, protruded the fascia, and then remained for some time stationary. For about three weeks the patient slept in the country, and continued to take a little medicine to regulate the secretion from the liver and bowels. His health gradually improved, and in about six months he had not the least remains of the disease. Some time after this, he took it into his head to go into the militia; and what by marching, counter-marching, and irregularities attending the habits of young soldiers,

his health became very much disturbed. He perceived some fluctuation in his thigh. He relinquished his mode of life, and on the restoration of his health, the abscess again disappeared.

We should then, in all these cases, particularly attend to the state of the digestive organs, and by so doing I have often seen them disappear; but even before opening such abscesses, it is necessary to allay, as much as we can, the constitutional disturbance, or bad consequences would sometimes be the result.

I shall, in the next Lecture, describe the worst form of chronic abscess, namely, the Lumbar Abscess.

LECTURES

ON THE

PRINCIPLES AND PRACTICE

OF PHYSIC,

BY DR. ARMSTRONG.

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LECTURE 7.

When inflammation arises from the exciting causes before named, viz. common depressants, stimulants, irritants, and interruptants; and when that inflammation is accompanied by a hot skin and a quick pulse, I call this combination *common inflammatory fever*, whatever may be the part attacked by inflammation, since that circumstance does not change its nature, as it is still essentially made up of inflammation and fever. When all the functions are performed in a healthy state of the body, the study of these is called *physiology*; while the study of those deviations called symptoms, with their structural concomitants, is termed *pathology*. The cause of the proper performance of the functions of the body is the healthy condition of the solids and fluids, and the cause of the symptoms is to be sought for in some morbid condition, either of the solids or fluids. If we were to begin, as the French have done, with the inflammations of similar structures, it might appear at first sight a very plausible, and even useful arrangement; but there are so many structures of the same kind remote from each other, and some of a different kind adjacent to each other, that I shall follow another method, beginning with inflammations seated in certain regions, though in different structures, since that method will enable you to take more clear and correct views of the diagnosis of such affections. As the subject might be considered a sort of circle, I shall commence with *acute and subacute inflammation* of the *brain and its membranes*, and afterwards pass on to other quarters.

In the investigation of all acute and subacute inflammations, you must attend to the combination of symptoms, and not trust to any one singly. The study of physic is a very dull and dry one in the lecture-room; as far as the symptomatical and anatomical pathology is concerned; but it is most intensely interesting at the bed-side of the sick, for there the fate of the patient is mixed up with the feelings of his friends, whose happiness as well as his life are dependent on your judgment. You should, therefore, follow physic with all your heart and soul; you should give your attention exclusively to it as an art and science, and especially mark the phenomena of maladies, and the effects of remedies, at the bed-side of the sick. Newton has said that genius is the habit of patient observation: and I believe that one man is distinguished above another in the practice of physic, more by his greater attention than any thing else. With respect to myself, I could say, on examining any patient, whether this or that internal organ was or was not inflamed. If you were to demand how I have acquired this precision of opinion, I would say not by any species of witchcraft certainly, but by downright hard labour, by close observation of the sick upwards of twenty years. If we examine minutely, and note down the symptoms during life; and if we connect with these the morbid appearances displayed after death, we shall ultimately acquire such a tact in the discrimination of affections as would surprise ourselves, if we could forget the laborious and slow process by which we

had attained such a species of knowledge.

Though you know that I have a predilection for the great toe, as it is sometimes the seat and cause of fever, especially as it has been so sadly neglected by some writers, yet I shall waive all partiality, and without further circumlocution commence with

Inflammation of the Brain and its Membranes.

With respect to the *symptoms* indicating inflammation of the brain, if it be either acute or sub-acute, there will be first, *pain in the head*, more severe in the acute than in the sub-acute inflammation. The pain too is generally more urgent when the membranes of the brain are inflamed, than when its substance is so affected. It sometimes, however, happens that pain is absent in inflammation of the brain; the patient complaining of tightness, fulness, and throbbing, but without pain. Yet, most frequently, when the patient does not complain of pain while at rest, it can be excited by his shaking his head. When, therefore, you have any reason to suspect that inflammation is going on there, you should always desire him to shake the head; if inflammation be present, he will move it very carefully; but if not, he will give it, as is commonly said, a hearty shake. The pain in the head is aggravated by the erect position; it is also increased during the night, for there is then a higher degree of fever, the pulse being quicker, and the skin hotter than in the day. There is one circumstance which very much influences the pain in the head, it is co-existent with the inflammatory affection of the bronchial membrane, which preventing the due decarbonization of the blood in the lungs, a darker blood than natural then circulates through the arteries of the brain, and operates on it as a direct narcotic. Under such circumstances, although an inflammation may be going on at the same time in the brain, yet the patient will not complain of pain.

As pain, then, is sometimes absent, I must once more repeat, that you ought never solely to rely upon a single symptom, but take into account the combination of symptoms, and you will seldom fail in detecting the inflammation.

Inflammation of the brain has *two stages* where it exists without a bronchial affection. The first is that in which the sensibility is increased; the body being more susceptible than natural of the influence of ordinary stimulants; the second stage is that in which the sesibility is diminished; the body being more torpid than natural.

A *second* circumstance to attend to in inflammation of the brain is the state of the *external senses*; especially *the sight*, *hearing*, and *touch*. I am so convinced of the importance of attending to such points as these, that I think I should at any time be aware of the existence of an acute or sub-acute inflammation in the brain, by looking a person full in the face. The *eye*, in particular, has a very peculiar appearance: if you were to analyze minutely in what this change consisted, you would discover several alterations. 1. There is a dropping of the upper eyelid: it hangs lower down, covers, in fact, a larger portion of the globe than natural. 2. In almost all cases of acute inflammation of the brain, there is more or less intolerance of light in the first stage, and the patient occasionally knits his brows. 3. The *conjunctiva* is almost invariably streaked with red. 4. The *cornea* is more glassy than natural. 5. The pupil in the first stage is more contracted than natural, or it alternately dilates and contracts with great rapidity; whereas, in the second stage, the pupil is dilated, and at last becomes immovable. The natural relation which the pupil bears to the size of the cornea has been said to be as one to three: therefore, we may judge when the pupil is dilated or contracted. There is yet another thing with respect to the eye, though it be generally intolerant of light in the first stage, it is not so in the last, when there is usually some degree of squint.

The *hearing* in many cases of inflammation of the brain or membranes is much disordered. In the first stage, it is often preternaturally acute; the patient complaining very much if persons walk across the room, or if a carriage pass along the street. In some cases, however, the hearing

is dull; this has been supposed to depend on the state of the nerves of the internal ear from some pressure made at their origin; but I believe that, in the majority of cases, it arises from an increased secretion of the mucous membrane of the internal ear; at least, in many of such cases, on examination of the internal ear after death, by breaking down the petrous portion of the temporal bone, a copious collection of mucus is there found.

Another of the series which you should attend to is, the *touch*, in the first stage of inflammation of the brain, or its membranes. If you be called to a patient lying in a state of apparent torpor, and if, when you touch him, he starts, you may suspect that he labours under inflammation of the brain, and should make further inquiries at once. A preternaturally acute sense of touch, with heaviness like sleep, frequently attends this affection, particularly in children. There is generally a very remarkable difference in the state of the nervous system in inflammation and in congestion of the brain. In congestion of the brain there is torpor, or a diminution of sensibility and contractility; but in the first stage of inflammation of the brain there is a state of mobility, by which I mean an excess of the sensibility and contractility. The torpor which is produced in the advanced stage of inflammation of the brain appears to be owing to a congestion of the vessels, in which the arterial blood assumes very much the venous character.

The above are the three principal points to attend to, as far as the external senses are concerned. But you must attend also to the state of the intellectual faculties; these are distinct in health, but some of them become disturbed when inflammation of the brain, or its membranes, takes place. There is in the eye that appearance of physical brightness before mentioned, but mostly mixed up with a peculiar expression of intellectual dulness. Only one exception exists to this combination, as far as I know,—that is, when high delirium is present, for then the expression of the eye is wild and wandering. Delirium, in this climate, does not take place in general till the second, third, or fourth day of the attack, even of acute inflammation of the brain, or its membranes, and later in the subacute form. It is set down in medical books, that delirium is the first symptom which occurs; but it is not so, I repeat, in our country, though not uncommon in tropical climates. From this remark, however, I might except individuals who have been in the habit of drinking largely of wine, ardent pirits, or strong malt liquors; for in these delirium frequently occurs much earlier in the attack of inflammation, than in temperate individuals. When delirium does not exist, there is often a degree of occasional incoherency of mind, which has been termed "reverie." For instance, you may walk up to the bedside of a patient, and you may hear him muttering to himself; you rouse his attention by asking him a question, and he will answer you with precision; but being left alone he soon relapses into the former state, and you may again hear him talking as if to himself, or to some of his friends.

This is the least dangerous species of delirium; the next, is that kind of delirium which comes on just before the patient falls asleep, or just as he awakes from sleep; or if the delirium should occur only during the night, when there is an increase of fever, it is not to be considered dangerous. It is dangerous, however, if it occur hour after hour through the night and through the day. Delirium is frequently kept up by anxiety of mind, and therefore you should be very careful in trying to remove anxiety of mind, if any exist, at an early period. A poor woman was brought into the Fever Hospital, who was obliged to be separated from her child: she was talking, as she supposed, continually to it, and at last gathered up the bedclothes, and fondled them in the most affectionate manner. It appears that during this kind of delirium the most predominant feeling is displayed; this was particularly apparent in a justice's clerk, who, during the progress of the delirium, was continually engaged in swearing in witnesses one after another very rapidly; and he invariably concluded by saying, "So help you God; kiss the book; give

me a shilling." (A laugh.) I remember the case of an old man, who was very fond of money, and he was employed during the delirium, as he imagined, in counting his money, and placing it in secure places, and at last he attempted to arrange pieces of old paper, as if they had been bank notes.

The *sleep* in inflammation of the brain is very much disturbed; in the first stage the patient is generally watchful and restless, particularly through the night; if he sleep at all it is mostly during the day. But in some cases the patient is very sleepy even from the commencement, particularly if the substance of the brain be inflamed, or if a severe bronchial affection be present. Watchfulness most frequently attends inflammation of the membranes, and heaviness inflammation of the brain itself.

These are the more *direct* indications of inflammation of the brain; but there are other indications which are more *indirect*. 1. The condition of the *circulation*; the pulse is usually greater in its volume, and also increased in frequency. The pulse sometimes undergoes very striking changes in the inflammation of the brain, or its membranes; during the whole of the first stage it is quicker than natural; it afterwards sometimes falls as many as twenty or thirty strokes in a minute, or becomes softer, and even slower than natural, but it generally grows again very quick before death. Look, however, to the other symptoms, and do not found your opinion, or give your prognosis that the patient is getting better from the state of the pulse alone; but look, I say, always to the combination of symptoms.

The state of the carotid arteries also is worthy of notice; these arteries *appear* to act more violently than the other arteries of the body, but the number of pulsations in them is exactly the same; they are merely more distended than natural with blood, from the two causes which I before explained. You may draw more blood from the temporal artery while inflammation is going on in the brain, than you can at any other time, if the fever be fully developed. 2. The state of the animal heat is the next indirect indication. It is, for the most part, higher than natural over the whole surface of the body; but the scalp, face, and neck are sensibly hotter than the rest. The integuments of the chest are of a higher degree of heat than the integuments of other parts of the body, when the pleura costalis is acutely inflamed. 3. The *state of the respiration* is another indirect indication. There is a natural relation between the number of pulsations of the heart and the number of respirations. Supposing the number of pulsations to be about 70, the number of respirations would be about 18. But this relation is changed during inflammation of the brain; the the breathing being more rapid in the first stage, and slower in the second. There is another circumstance connected with the respiration which ought never to be forgotten; namely, an occasional deep-drawn sigh. If you stand long over the bed of a person labouring under inflammation of the brain, or its membranes, you will find that he takes every now and then a deep-drawn sigh; and in that case you should never pass on, but pause, and thoroughly investigate all particulars.

There is one modification of inflammation of the brain itself, in which the patient becomes remarkably torpid. You are called, say to a patient; he appears as if asleep, but occasionally he makes a deep-drawn sigh; you put your hand upon the integuments of the head, and you find that they are a little hotter than natural. You examine the pulse, and are impressed that it is scarcely quicker than natural; yet there is a mental and bodily oppression about the patient, not at all proportioned to the slight apparent degree of fever. These are the most dangerous cases, many patients thus gradually sinking, till at last they become insensible, and expire, as if in apoplexy. This modification is an inflammation of the very substance of the brain, which rapidly terminates in effusion about the base, or into the ventricles. The *fourth* indirect indication is that which is afforded by the *state of the stomach and bowels*. In the first stage of inflammation of the brain the patient often has nausea, retching, or vomiting; in many cases this is the first symptom, especially in children,

or where inflammation follows an internal injury. The bowels are generally torpid in the first, and throughout the greatest part of the second, but in the latter part of the second stage, the torpor commonly gives way. The tongue is furred, and rough, and moist. The tongue is generally moist in fever arising from common causes, whereas it is generally glazed and dry in the progress, or towards the end of fever arising from a peculiar cause. The *fifth* indirect indication is the state of the *muscular system*. It is more prostrate than natural. The patient does not feel the loss of strength whilst lying in bed, but if you desire him to get up and walk, he staggers almost like a man intoxicated. There are exceptions, however, to this state in some cases in which the muscular power is increased to a high degree, and the patient has an almost gigantic strength during the first stage; but in the second, the muscular power is very much relaxed; the deglutition becomes difficult; the patient lies on his back, and he sinks down deeper and deeper into the bed. Now, I think, if you attend to all the circumstances enumerated, you will at all times be able to distinguish inflammation of the brain.

But, by way of being more distinct, I shall repeat the leading symptoms in each stage. In the first stage they are the following:—1. Pain or aching in the head, increased upon motion; there are, recollect, some exceptions to this, but they are rare. 2. Glassiness of the cornea and a streakiness of the conjunctiva. 3. More or less dropping of the upper eyelid. 4. Contracted or variable state of the pupil. 5. Intolerance of light, noise, or touch; these are sometimes combined, at other times separate. 6. Inaptitude, confusion, heaviness, watchfulness, restlessness, reverie, or delirium. 7. An expression in the eye of mental oppression, with a physical brightness. 8. A preternatural throbbing of the carotid arteries. 9. Heat higher about the hairy scalp, face, and neck, than in other parts of the surface of the body. 10. The stomach irritable, and the bowels torpid. 11. More or less restlessness, technically termed jactitation. These are the combined signs which, generally speaking, indicate the presence of the first stage of inflammation of the brain. In the *first stage* the heat is higher and the pulse is quicker than natural; the sensibility of the body is increased. But in the *second stage*, in which the sensibility is diminished, the following indications will be found: 1. The patient complains of less uneasiness in the head. 2. The pupils are more dilated than natural in the early part of the second stage, and are immovable in the latter part of it, so that they do not contract upon the application of a strong light. 3. The patient has either a vacant stare or a squint, his pupil not turning, not corresponding to yours in conversation. 4. There is indifference, stupor, and at last insensibility. 5. The pulse although quicker in the first state, now becomes sometimes slower, and, before the termination of the case fatally, again becomes quick. 6. The deep-drawn sigh occurs more frequently in the second than in the first stage, and is then accompanied by a moaning or crying. 7. The stomach ceases to be irritable. 8. The muscular power is very much diminished, the patient lying in a more sunk position on his back, with starting of the tendons, and at last relaxation of the sphincter muscles. Before this, however, the patient has generally a mumbling way of speaking; he does not speak distinctly, or he has a gluting noise in deglutition.

Before concluding this Lecture I may notice, that it often happens, and it is a very bad symptom, that during the continuance of this affection, the patient does not pass his urine, and suffers excessively from the irritation consequent on its retention. Therefore if you are called to a patient, and you find him lying on his back and moaning incessantly, always make a point of putting your hand on the abdomen, directly above the pubes, and feel whether the bladder be distended; if it be so, you must immediately introduce a catheter and draw off the water. If you find distension above the pubes, and if the linen of the patient be at all wet from the dribbling of the urine, you may depend upon it that the introduction of the catheter is necessary; an instrument which you should learn to use with dexterity.

REVIEW.

Practical Remarks—Part I. On Acute and Chronic Ophthalmia—Ulcers of the Eye. Part II. On Remittent Fever, viz., Simple and Complicated. By THOMAS O'HALLORAN, M. D. pp. 148. Burgess and Hill, London, 1824.

THE heading which our author has put to his work is one frequently made use of by certain medical writers as a passport to the greatest trash. These gentlemen come forward as authors with great confidence, provided their works be a 'practical treatise,' or contain 'practical remarks,' and think no other qualification than this necessary to ensure it a sale. A certain portion also of the medical reading public think this title a sufficient guarantee for the merits of a work, and thus the art of deception becomes perpetuated by the rewards which it meets. But as practice ought to be preceded by theory (i. e. the result of reflection), and theory may be good or bad, just as it is founded on numerous facts and extensive observation, so the nature of our practice will depend on the kind of theory on which it is formed. Practical remarks, therefore, may be good or bad, and we shall proceed to examine under what head the present may be classed.

These Remarks are drawn from the author's observation of the ophthalmia in different climates, as it occurred in the 64th regiment, with which he was connected several years, but more particularly from his observation of the disease at Gibraltar, during the two last years. The object of these remarks is to show the inefficiency of the antiphlogistic plan of treatment in acute ophthalmia, and to substitute (if possible) a better in its stead. After stating the difficulties which military surgeons have to encounter in the treatment of disease, Dr. O'Halloran details the varieties of ophthalmia which occurred in the 64th, together with the treatment which he employed. We had intended only to give the treatment; but, as this is so bold, in fairness to the author, we shall also relate the circumstances under which he employed it.

"*Variety* I.

"The first variety of this disease, as it appeared in the 64th regiment, exhibited redness of the conjunctiva and lining membranes of the eye-lids. The lachrymal discharge, if at all increased, was increased so inconsiderably as scarcely to deserve notice. The turgescence of the vessels of the conjunctiva and upper eye-lids was slight. It conveyed an imperfect idea of sand interposed between the membranes. The vision was little, if at all, affected. The symptoms now stated characterized the first variety. The inflammation was moderate, sufficiently active to produce redness, or what is commonly called ophthalmia; it was inadequate to the establishment of a condition in which an unusual quantity of fluid is ejected. The disease in this form is simple at the onset, and it frequently yielded to simple means of remedy in a few days. It rarely assumed a serious form under proper management; and relapses, although not uncommon, were much less so than in the other varieties.

Variety II.

The second variety is of a more complicated nature than the first. The attack is sudden, rarely indicated by premonitory symptoms. Where these take place, they consist of heaviness

about the orbits, and inability to move the eye-lids with the usual freedom. The first symptom which attracts the patient's attention, is an increase of the lachrymal secretion, which, as it becomes abundant in quantity, flows over the cheeks, the ducts being incapable of removing it in the usual manner. If the upper lids be examined at this time, although the covering membrane of the ball be free from disease, a villous flocculence is there discernible; even sometimes a thickening, approaching to what is commonly called granulation, chiefly observable towards the inner angle, though occasionally over the whole of the eye-lid. It was this state of the eye-lids (and it in many instances precedes the explosion of the disease on the ball of the eye) which chiefly directed my attention to the plan of treatment hereafter to be noticed. A thickening of the upper no sooner takes place, than the lower eye-lids become villous and slightly prominent. The sensation of sand, if not synchronous with the thickening of the lining membrane of the upper eye-lid, now becomes unpleasant; the patient imagining that the disagreeable feeling he experiences is owing to the lodgment of an extraneous body between the palpebræ and ball of the eye. As the sensation of intervening sand increases, the watery discharge also increases; and, soon becoming acrid and corrosive, produces a degree of pain, which obliges the patient, unaccustomed to the irritation, to seek relief from friction, the act of which produces redness of the sclerotic coat and conjunctival membrane, followed by distension of innumerable small vessels. The Meibomian glands, previously in a state of irritation, now increase in size, and discharge a fluid proportionate to their enlargement. Limpid serum flows from all parts of the eye and eye-lids; and as it is changed in quality, as well as in quantity, in its descent it excoriates the parts over which it passes. Matter of a similar kind insinuates itself into the substance of the lower eye-lids, so as to cause slight tumefaction, and hardness of the parts. From the state of the lower eye-lids, a prognosis may be formed relative to the severity of the disease. The difficulty of cure augments with the tumefaction and hardness of the lower eye-lids; nor can a perfect cure be accomplished until these are restored to their natural flaccid state. In this form of ophthalmia, the action of the secreting vessels is augmented in so high a degree, as not only to cause, in all cases, an extraordinary discharge of fluid insinuating itself into the surrounding parts, but to produce, in many instances, a defect in vision, by the quantity of serum effused into the anterior and posterior chambers of the eye.

Variety III.

The two preceding conditions of ophthalmia are by many considered as simple. The form now under consideration (viz., the purulent) comparatively complex. This form of disease, if we permit ourselves to judge by external appearances, is of a more serious nature than the second, but it is doubtful that it is so in reality; for, of the numerous cases of different varieties which came under my observation, those which assumed the purulent mode of action yielded to remedy as soon, and as certainly, as the complicated cases of the other varieties In this form also the attack is sudden, not announced by premonitory symptoms; when they do exist, they consist, as in the other form, in a sensation of stiffness or heaviness about the orbits—an inability to move the eye with the accustomed freedom. The eye becomes itchy; and the patient cannot be persuaded but that sand or dirt, as he expresses it, is lodged between the eye-lid and ball of the eye. He endeavours to remove the disagreeable sensation by rubbing; which not producing the expected relief, is immediately succeeded by obtuse pain, augmentation of the sensation of heaviness, and by a flow of fluid resembeing tears: which, from being thin and watery at first, is converted into a puriform matter, wholly divested of the acrimony attending the serous discharge in the second form. If the eye-lids be now examined, a thickening of the lining membrane of the upper is observable, and the lower are villous. As the puriform discharge augments, it becomes dense and tenacious: the capillary vessels on the ball of the eye

and neighbouring parts are in a state of irritation. This is considerably augmented by rubbing the ball, and the propensity to rub is irresistible. The vessels which nourish the conjunctiva and lining membranes pour forth a matter of a puriform nature, whilst those of the eye-lids internally, and also of the internal parts of the eye, secrete and discharge a quantity of whey-coloured serum, producing a tumified state of the eye-lids, and of the ball of the eye, which characterise the disease, and occasion the partial or total loss of vision. (The loss of vision is attributable to the existence of a turbid fluid in the aqueous and vitreous humours; the obtuse pain to the distension of the ball of the eye from extravasated fluid, and not to inflammation.) As the turgescence and prominence of the eye-lids, which assume a blueish hue, increase, the vessels which nourish the conjunctiva and sclerotica augment in size; the texture of the former, being reticular and spongy, is injected with red fluid, not blood, or with pure and limpid serum, which, as the determination of fluid to the part is considerable, produces extraordinary distension of the conjunctiva. This is sometimes so great as to cause the distended mass to encroach on the cornea; and as the size of the latter appears diminished to one half, probably, it excites the apprehension of such as are unacquainted with this form of the disease. To this state of the conjunctiva oculists have given the name of Chemosis. (Nothing can be more erroneous than that purulent ophthalmia is always connected with or occasioned by gonorrhœal discharge. I have seen more than one hundred cases where no venereal taint existed.)

The malady in the 64th regiment invariably appeared under one of the foregoing forms; and, although the first was occasionally simple in the outset, it at times changed aspect, and assumed an alarming character. The second variety had different modes of attack, and assumed different modes of proceeding in its subsequent course. It was treacherous in the extreme, and liable to recur under conditions apparently prosperous. The third variety generally observed a regular course; the discharge was removed within a short time from the date of admission by remedial means, and the progress towards convalescence was generally rapid and certain.

Cure of Acute Ophthalmia.

It was before remarked, that I considered the varieties which have been here briefly sketched as modifications of one and the same disease; and that the discharge, which constitutes the diagnostic mark, and varies according to the modifications of action, is merely symptomatic of the different degrees of one malady. Upon this principle, the plan of cure which had been adopted in the first form was extended to the others; and I may say, without hazarding a risk of contradiction, with a success unequalled in southern latitudes.

It may be necessary to remark, before I enter upon a detail of the plan of cure, that I consider ophthalmia in every form to be a local disease, dependent for its production on general causes, which augment the vascular action and secretions of the eye and neighbouring parts, in a similar manner as the secretions of the naval cavity, &c., are increased during the prevalence of catarrhal affections; to which, I think, ophthalmia bears considerable analogy.

The plan of cure adopted and pursued was as follows:—The patient, on admission, was confined to bed in a large and well-ventilated ward, from which light was not excluded. (I conceive that the exclusion of air and light, as is the custom in the treatment of this disease, is often attended with lamentable consequences, always with injury.) He was placed on the spoon scale of diet, purged with calomel and colocynth, and afterwards with salts. The state of the eye-lids, whether the disease was of the purulent kind or not, was attended to. The upper eye-lids were examined; and whatever the appearance might be, whether villous, thickened, &c., blue stone in substance was rubbed over the surface, for a longer or shorter time, according to the condition of the membrane. If the eye-lids were thickened, as was often the case, or in a state which oculists call "granulated," as occurred sometimes, the passing of the blue stone over the surface was continued

for a considerable time: if the appearance was only villous, a superficial and short application was sufficient. *The application of blue stone to the surface of the everted eye-lid is attended with acute pain*, and on one occasion has produced syncope; but the benefit which resulted, and which results in a short time, is far superior to what has been derived from any remedy hitherto recommended for the cure of this form of disease. Persons who are acquainted with the effects of blue stone on ulcers, &c. will probably revolt at the idea of touching the eye with a substance so irritating; but when they consider that its use has not in any one case been attended with danger, during an extensive application of it in the treatment of this disease; that, on the contrary, it has been uniformly followed by benefit; and that the discharge, whether purulent or otherwise, has been changed in its nature, suspended or suppressed in a few hours; the irritability, pain, and disagreeable sensations mitigated or removed soon after the application, they cannot well refuse to give it a trial. The author confidently affirms it to have, in his hands, proved a remedy greatly superior to any other hitherto employed. In this case he speaks with confidence as justified in his opinion by experience, on an extensive scale, in the acute as well as the chronic stages of the malady. It is comparatively safe and little troublesome, and it is seldom followed by ulcers or other bad consequences. Let the application of blue stone to the upper eye-lids, and not unfrequently to the lower, be followed by fomentations, repeated four or five times in the twenty-four hours. If vision has been impaired, an alteration for the better in that respect will generally be observed on the second day, the discharge, if great and attended with nictitation, will be changed in quality, and much diminished in quantity; the heaviness and pain will be lessened, if not entirely removed, insomuch, that the patient proclaims himself in a state of comparative happiness. A change for the better having been thus effected in a few hours, and danger in such instances obviated, it will be well, if the application of the remedy had been only superficial and transient on the first day, to repeat it on the second; but if it had been severe, and if the slough adheres to the lining membrane, as often happens where there is great debility of the parts from over distension of the vessels, it will be well to instil a solution of lunar caustic into the eye in the morning, in the proportion of ten grains to an ounce of water, and to repeat the fomentations as on the preceding day. A solution of lunar caustic, of the above strength, is an excellent remedy in this disease. It may be used at all periods, and, next to the blue stone, claims a preference to all others. Its action, when resorted to at an early period, tends to change and lessen the discharge, and to remove the pain and irritability, without causing any of those unpleasant symptoms which some have attributed to its use. It is certainly a remedy of great value, and may, in slight cases, or where the patient is averse from the application of blue stone, be depended upon as efficient means of cure. As an auxiliary in a severe or protracted disease, it ought never to be omitted. I have made trial of lunar caustic solution in different degrees of strength, viz., from one grain to half a drachm, dissolved in an ounce of water; and, after witnessing the effects of all, I gave the decided preference to the ten grain mixture. On the second day I usually give a purge of the magnes. sulph. and occasionally repeat the lunar caustic drops in the evening, or touch the lower eye-lids slightly with blue stone; after which, fomentations are again employed. On the third day the blue stone or caustic drops are repeated, and fomentations applied to the eyes. Under this plan of treatment, varied according to circumstances, more than eighty of one hundred will recover, without the use of other means; and it may be presumed, that, in consequence of the attention which is paid to the upper eyelids, the condition which is commonly, but improperly, called 'granular,' will be prevented; relapses, although frequent, will be comparatively fewer than where the antiphlogistic plan is pursued; and ulcers, so common where copious bleeding is employed, will seldom appear; and when they

do appear, they are of a mild kind, and rarely imply much loss of substance.

The foregoing were the remedies which I had recourse to early in this disease, and during its whole course; viz. sulph. capri, solutions of lunar caustic, purgatives, and fomentations; and they were generally sufficient to remove the disease.

Whenever deep seated and acute pain denoted internal disease, which was not often the case, recourse was had to abstraction of blood by means of leeches; and if the parts were carefully fomented after their application, they generally, though not always, produced relief. The relief was, in many instances, only temporary; the pain recurred to a certain extent when the fomentations were discontinued. Notwithstanding the want of success which frequently attended abstraction of blood, and its actual injury in some cases, still I considered it my duty, more particularly when I commenced the system of treatment which I have recommended, as a precautionary measure, to have recourse to it and other means of depletion, where pain at the temples, &c. was severe, and effusion considerable. But though I conceived that abstraction of blood would prove advantageous, by diminishing the action of the vessels of the eye and neighbouring parts, and by restoring balance in the circulating fluids, still more extensive experience convinces me, that if resorted to, where there are not *unequivocal marks of internal inflammation*, it ought to be conducted with care and circumspection; and it will moreover be necessary, in order to give effect to its operation, that powerful astringents, such as the *sulph. cup. solut. nit. argent.* be at the same time applied to the diseased part; for when the action is diminished by the loss of blood, a temporary collapse of the vessels succeeds, and a diminution of their diameter is then not only produced by astringents, but the exhaling mouths are actually closed. An arrest is thereby effected, and in many cases a progressive improvement commences, and goes on until the parts are restored to their natural state, and to the execution of their healthy functions."—pp. 5 to 20.

The treatment which Dr. O'Halloran recommends in acute ophthalmia, is so opposed to the practice at present adopted, and found successful by most practitioners (the author and Mr. MELIN only excepted,) that the facts by which the recommendation is supported, and the principle on which its trial is proposed, should be minutely investigated. Facts there are none (one case only is given), and the principle on which the proposed remedies act is not stated, therefore we must refer to the author's description of the varieties of the disease in which he tried them.

In the first variety of the disease, it will be seen that the inflammation of the eye was very slight; now the use of the sulphate of copper might be here resorted to, and just do no more mischief than good general treatment, adopted at the same time, might counteract.

In the second variety, the inflammation was more severe; in fact, the action of the secreting vessels is augmented in so high a degree as not only to cause in all cases an extraordinary discharge of fluids, insinuating itself into the surrounding parts, but to produce in many instances a defect in vision, by the quantity of serum effused into the anterior and posterior chambers of the eye. Speaking of the treatment, Dr. O'H. states, that he employed blood-letting himself, but that, where there are not *unequivocal signs of internal inflammation*, it ought to be conducted with care and circumspection. The last part of the author's proposition is self-evident, and we will agree with him,

that not only blood-letting, but all remedies, particularly *sulphate of copper*, should be used with care and circumspection. But does not the effusion of serum into the anterior chamber, which not unfrequently occurs in this variety, unequivocally mark the presence of internal inflammation; here then blood-letting, according to the author's own account, is proper; and whenever deep-seated and acute pain denoted internal disease, abstraction of blood, by leeches, was resorted to, and generally produced relief. In the other cases, under this variety, the use of the sulphate of copper might just do no more mischief than good general treatment, adopted at the same time, might counteract.

The third variety presents the purulent form of ophthalmia, and in this stage astringents are used by most surgeons; blood-letting, if there be much § accompanying inflammation, being at the same time used. Dr. O'H. recommends the application of the sulphate of copper, in substance, to the lids, a practice which the doctor himself acknowledges is attended with most intense pain. Indeed the sulphate of copper in substance is the most painful application that can be used; and ought never to be applied in ophthalmia (purulent), until the alum wash, or sulphate of copper in solution had been found ineffectual. Let any one look to the general treatment that was pursued—fresh air, low diet, rest, medicine, &c., all these things attended to, and what will he think of the author's statements respecting the difficulties which military surgeons have to encounter in the treatment of disease. During a time of peace, and stationed at one place, Dr. O'H. had ten times the advantages in treating ophthalmia, that the surgeons of the Ophthalmic Institutions of this metropolis possess; yet we do not think his success so great as theirs. Dr. O'H. cured eighty out of a hundred, whereas we believe that nine out of ten are cured at those institutions, where there are so many disadvantages. We cannot help thinking, that Dr. O'H. must have frequently seen the disease become worse under the application he recommends. We suspect it from the following passage respecting the first variety: "Although the first was occasionally simple in the outset, it *at times changed aspect, and assumed an alarming character.*" For simple conjunctival inflammation to assume an alarming character, under any other treatment than the use of sulphate of copper in substance, appears to us incredible. Our author lays great stress on letting the patients have light—we believe the practice of keeping patients, like naughty children, in dark rooms, has been given over some time, and that they are in general allowed to have just as much light as the eye can bear without being irritated.

We have given Dr. O'Halloran's treatment of acute ophthalmia from his work, and therefore our readers can judge for themselves respecting it. For our parts, we should not feel justified in trying it on the eyes of others—with our own eyes we may do what we choose; if we have acute

conjunctival inflammation, we may use the sulphate of copper, and not try bloodletting, but with the eyes of our patients we should be afraid to try the experiment.

Chronic Ophthalmia.

Under this head we find nothing new, excepting some observations relative to the misapplication of the term "granular," to the villous state of the lids in this form of the complaint. These are deserving attention.

"In illustration of the absurdity of the supposition of the existence of granulations in the eye-lids of ophthalmic patients, I must take the liberty of observing, that in the *first* place we see in the eye-lids of persons who never suffered from the disease an appearance similar to what is designated '*granular*.' This may be proved to the satisfaction of the most prejudiced by the examination of the eye-lids of any body of men—viz. a military corps or regiment. In every large body of men, persons are to be found whose eye-lids are overspread by villous flocculencies, or fungous productions, analogous to what have been denominated granulations, notwithstanding that from youth they may have enjoyed health, or absolute immunity from the affection under notice.

Secondly, We not unfrequently observe, that a thickening of the lining membrane of the upper eye-lids, similar to what is called 'granular,' is noticeable as soon as the disease manifests itself on the eye; a fact that places in a ridiculous light this granular doctrine, which has gained the support of some of the most respectable oculists.

Thirdly, We find that the state of the eye-lids under notice exists in all varieties of ophthalmia, simple or complicated, watery or purulent; and as granulations, if we reason from analogy, are only produced in other parts of the human frame where pus exists, we cannot but be astonished at their appearance on the eye-lids where pus had not been seen.

Fourthly, We find that the plan of cure which I have recommended, the purulent discharge, however copious, is arrested in a few days, probably in a few hours; and that the disease runs its subsequent course without the production of pus, yet the state of the eye-lids called 'granular' exists whenever the cure is protracted, and it even occasionally exists in defiance of our best means of counteraction.

Fifthly, It appears contradictory to suppose that granulations can take place without a breach of surface, or loss of substance.

Finally, There is a considerable variety in that state of the lids called granular; sometimes an appearance similar to the finest sand-paper, rough, hard, &c. presents itself; at other times, a part of the eye-lid is covered with excrescences, whilst the remainder is smooth and villous. Again, we notice a great diversity in the size and elevation of those substances; the whole eye-lid is in many cases covered with them, intermixed occasionally with fatty tumours. Those appearances do not obtain in other diseases. The granulations of ulcers may vary in size and number, but they never exhibit the variety which is seen in this disease."—p. 28.

The remainder of the work is occupied with some brief remarks on ulcers, and on remittent fever, in which we find nothing very worthy of notice. We have stated our opinion respecting the author's treatment of acute ophthalmia, which is the most important part of the work. Let the local treatment, however, be what it may, it must be allowed that the constitutional treatment was most judicious, which satisfactorily accounts to us for the success which Dr. O'Halloran obtained. We as heartily approve of the general management of the patient as we disapprove of the local remedies which the Doctor employed; and we sincerely wish that, in the treatment of local maladies, medi-

cal men generally would follow the example here set them, and remember that local maladies, if not primarily induced by constitutional derangement, may become the cause of it, and that the general disturbance of the system, if not checked, will increase the complaints which gave rise to it.

A Letter to the Governors of the Middlesex Hospital, from the JUNIOR SURGEON.—[CHARLES BELL.]

THE following epistle is intended to bias the Governors of the Middlesex Hospital in the choice of a Physician to succeed Dr. P. M. LATHAM, who has resigned.

"Some of the Governors of the Middlesex Hospital who were active in my election have continued to honour me so far as to consider me their representative, to watch over the interests of the Charity: it is to them I address this letter.

I deem it a great happiness to be still the youngest Surgeon of this house, and to have seniors whom, with all my exertions, I have been unable to equal in attention to the Institution; besides, having frequent occasion to defer to their great experience, I cannot express the relief I have had in resting on friends who are unbiassed by any foreign consideration, and who have nothing to conceal. This appears a superfluous compliment; but all who have known the anxious duties of an hospital*, must have felt how paramount this is to all other good qualities in a colleague.

As the Junior Surgeon, my duties connect me more immediately with the Junior Physician. I have already transacted the business of the Hospital with four in succession, and I am naturally interested in the choice of the person with whom the Governors are next to couple me; but I should not interfere on the occasion of the present election, if it were not that we are in danger of going far wrong in principle, and of permitting a mischievous precedent to direct our conduct in future elections.

I must urge to you the necessity of giving us an experienced and efficient Physician; and when you are aware of it, you will rouse yourselves to the performance of an active duty, nor think that you do all that is required, if you merely drop your money into the charity-box of the Hospital. There is no charity, unless we experience the natural rising of compassion, and steadily contemplate the objects of it—you would not shut your eyes in giving alms, but would rather humble yourselves by seeing what flesh is heir to. If you will not visit us, let your imagination at least range through the wards of your Hospital, and all that I have to urge will suggest itself naturally to your compassionate hearts.

I require no exercise of fancy to point out the duties of a Physician as it regards my own department, and in what cases he ought to join with me in consultation. Here is a woman lying in a state of insensibility; when brought in, we are told that she had a fractured skull. There is a depression upon the head, but we find that instead of having suffered an injury, she is in the stage of insensibility of typhus fever.* A woman was received with some trifling complaint in her leg, and in four and-twenty hours a mortification extends from the toe to the knee. What is the cause of this extraordinary debility? A young woman lies in Northumberland ward, who exhibits an unprecedented severity of symptoms, excruciating pains in some parts of her body, and in others total insensibility. Another woman lies in the same ward, who has been brought out of the Physician's ward, the bones of her spine and pelvis have given way, and she is sinking into decrepitude with great pain. On the other side of the house,

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* Surgeon.—ED. L.

* Since dead.

we find a man with those alarming symptoms which precede locked jaw.*

Are these instances sufficient to show the necessity of the Physician and Surgeon meeting? or must I give as many hundred examples? Should I, when I see a patient who requires the prompt assistance of an intelligent and experienced Physician, be satisfied with conforming to the rule of the house, and so leave him to the care of a colleague who comes recommended to us, because he has passed a good examination; and whom you, with no better motives than civility, place in a situation of such difficulty? Your answer, no doubt, will be, how can I act better than on the recommendation of my Physician? I say, by asking that Physician, upon his honour, if the gentleman he recommends has had experience.

I advocate this principle, that the situation of Physician or Surgeon to an hospital should be a reward for professional merit. It is unhappily conceived, on the other hand, that young Physicians should be introduced to hospitals—that they may there learn their profession, and be prepared for private practice; and that, whenever their private patients promise them a livelihood, they should leave the hospital to the next candidate for the notice of the town. This is an understood principle with those who claim a superior rank in the profession. It is the prevalence of this notion in the College of Physicians, which unites so many of that body to introduce their junior fellows into the great hospitals; and they expect that the men so elected, after a few years' experience, shall give place to others. To them it appears a just and liberal measure; but what shall we say, whose duty is directly and obviously to guard the interests of the sick?

When we consider the profession generally, and the many eminent men regularly educated, having experience in all the duties of their profession, members of Universities, where medicine is the particular object of study; physicians of the fleets and armies; when we consider that by a such a principle these men are excluded from our great hospitals, shall we not look with suspicion on a practice which forces us upon this double injustice; first, as it regards the patients; and, secondly, as it affects the medical profession?

In this scheme of forming physicians, there is no provision for the improvement of science or for the records of practice; neither stimulus nor reward is held out. How is the teaching of medicine to be provided for? Shall men have the control of the profession, and wholly overlook that which, unless it be provided for, there can be no well-grounded reputation or respectability in the whole range of it?

In the course of a few months a young gentleman is a Student, a Member of the College, Physician to an Hospital, and a Teacher of Medicine. It would be well if he were to proceed at this rate; but a few private patients withdraw him from his public duties, and he is influenced by that notion which prevails so extensively in London, that to be otherwise employed than moving about in a chariot, is to declare his incapacity. That this mode of life may be honestly pursued, we shall not dispute; but it is humiliating to see emolument so exclusively the motive to action, and it is a life calculated to dissipate a mind even of the highest order.

There is at present no such characters as distinguished the preceding ages; that combination of the Man of Science, the Teacher, the Hospital Physician;—one who presided over universities or schools, and dictated to his profession, whilst he was the bond which connected the members of it, and incited them to improvement. There can be no such characters whilst eminence is estimated by the present scale of London.

I would draw lines diverging from a point, and say, here is the eminent medical character; light from him extends universally to nations that speak a different language. I would also draw a circle, and say, beyond that line of connexion the other eminent man is nothing.

When I was informed of the intention of the Senior Physician to transfer

* Since dead.

himself to another hospital, I hope I expressed my regret in a suitable manner, for I respect him for his abilities, and still more for his diligence. I have known him visit a single patient in the Hospital three or four times a day, and I have found him at all times sensibly impressed with the necessity of watchfulness in the progress of acute disease. I may be permitted to say, I felt also an injury done to the respectability of our Hospital, by so distinct a proof of the superior attractions of another. I hope I am not wrong in considering it a duty to support the respectability of our own institution; but on this head I was entirely satisfied, being informed that a physician of another hospital, justly held in estimation,* a Fellow of the College of Physicians, would be introduced by the medical interest of this Hospital to the notice of the governors.

When this gentleman was named to me, I was pleased with the prospect of his acquaintance, and saw that the Hospital would not lose by the arrangement. Under this impression, I have been left till the present time. The other surgeons can best declare whether they have been under the same delusion. With the conviction that every thing was provided for the best, I remain until the present vacancy is declared, and then I find another gentleman brought forward, to whom the objections I have stated fully attach. He is introduced to us by one of those arrangements betwixt our physicians and those of other hospitals, by which two Junior Members of the College of Physicians are to be provided for, and by the same influence which has translated our Senior Physician.

This influence is so great and so extended, that no individual, however deserving, can prevail against it. Respectable men, who are aware of it, are deterred from appearing on the canvass, for they seem in the public eye to be fairly weighed in the balance against the very youngest members of their own profession, and they retire defeated, and with their characters lowered.

On the election which almost immediately followed my own, I supported the interests of the gentleman who has by this change become your Senior Physician, because I knew the advantages with which he had studied, and that his abilities were matured by experience. He was thrown out, and an inceptor candidate preferred; that is, one who is just about to receive his privilege to practice. The favourable opinion of Dr. Southey's friends was afterwards vindicated by his election into the Hospital; and that election gave him those opportunities of adding to his character and reputation so much, that in a very distinguished manner he was received into the fellowship of the College of Physicians.

Can there be a comparison of the advantages you confer, when you take up a young gentleman just entering upon his profession, or another who has already gained character in it. The first you elect for no merit properly his own; you give him the unfortunate impression, in his entrance on life, that influence is every thing, and he becomes a dependant.

When, on the other hand, you select from the general body of practitioners, indifferent whether he be in the first or in the second degree connected with the College of Physicians, a man of experience and ripened judgment, and afford him a fuller exercise to his abilities; you have pleasure in seeing him arrive at that further distinction which is at last confirmed by the approbation of his own profession, and his adoption into the College of Physicians.

Can there be a doubt by which of these modes of proceeding you do most justice to the medical character? Or can you hesitate by which mode you best protect the sick who are laid in your Hospital?

Being unexpectedly called upon to offer my opinion, I may have done it imperfectly or obscurely; but I am confident that the principle which I have advanced is a just one. I hope I have not seemed to make a distinction between a Member of the College of Physicians, and a Licentiate of the same body. I have made no comparison but in favour of the physician whose character is formed, in contrast with him of whom we have only formed hopes. I wish the canvass to be open to men of talents.

* Dr. BRIGHT, of the Westminster, we presume.

If the Juniors, who are in a state of expectancy in the different hospitals, feel injured by these observations, their progress will soon carry them out of the range of them. It is not wholesome that they should gain all at once, but that another and another effort may make them more worthy. And when they have gained their object, they will have learned to value it and keep it; for I hold it to be equally injurious to the interests of an hospital, that a physician should be ashamed to keep his situation during the years of his maturity, as it is to promote only young and inexperienced men.

I have endeavoured to do my duty to this Hospital, in a quiet and unobtrusive manner by application to individuals, and having failed, I have been forced upon this mode of addressing you.

Soho Square, November 15, 1824."

We have now put our readers in possession of the Letter, and the brief space which we can at present afford to occupy will oblige us to defer our strictures upon its contents. We may however observe, that the letter is arrogant and hypocritical in the extreme, and wants common *candour and honesty* to recommend it. The attempt to injure one of the candidates, is, we imagine, prompted by the self-interest of the writer; and the truth of the positions attempted to be established is, in our opinion, diametrically opposed to the innendoes of the junior surgeon.

We have often had occasion to speak well of Mr. BELL as a lecturer and a surgeon, but we never wish to see him again in the capacity of a letter-writer to the governors of the hospital. Such attempts as the present are unbecoming the philosopher, dishonourable to the gentleman, and highly discreditable to the individual.

We shall proceed with this article, and with the dissection of Mr. JOE BURNS, in our next Number.

FOREIGN DEPARTMENT.

Case of complete closure of the Vagina occurring after natural labour—Operation.

Madame S—, the subject of this case, presented nothing particular during her pregnancy; her confinement, although long and painful, terminated well; afterwards, she found herself quite well, with the exception of a burning sensation in the vagina and the neighbouring parts. Probably the long continuance of the child in the passage, and the repeated efforts of the uterus to expel it, produced excoriation of the vagina; the parts were merely fomented, and the patient soon got up without feeling any pain; the urine flowed as usual, and without any sort of interruption. It was not till two months afterwards that she felt pain in the kidneys and hypogastric region, which she thought was owing to the approach of the time of menstruation; but the pain was much more acute than usual, almost equal to that which occurs in labour; the hypogastrium was inflamed and painful. She also experienced a sort of unpleasant sensation in the anus, but nothing unnatural was to be seen, and in four or five days the pain entirely disappeared.

The woman, not disturbed about her situation, only feared that she was again pregnant, on account of the stoppage of the menses, and the other symptoms which she had. At the next period for the appearance of the menses, the same symptoms, although more violent, manifested themselves, and there was no discharge whatever. Three or four months passed away without any appearance of the menses, and the health of the patient evidently began to suffer. The husband first led to the discovery of the true nature of the complaint. by saying that his wife was *fermée*. I wished to know whether this was really the case, and I saw that the exterior ori-

fice of the vagina was completely obliterated, without any other opening than that for the urine. This state fully accounted for the pains and swelling of the hypogastrium, and for the languor and fever which the patient had. It was with difficulty that I obtained consent for M. Bourget to see her, who was also of opinion that all her symptoms depended on the cause which we have just mentioned.

M. Bourget again attentively examined the patient, and convinced himself of the adhesions of the parietes of the vagina: but he thought that he perceived towards the fourchette a deep depression, which looked like an opening into the vagina.

M. B. divided the adhesions of the vagina, when he easily passed his finger to the orifice of the womb, &c. To prevent their reuniting, M. B. passed into the vagina a piece of bougie which had a groove in the upper part to allow of any discharge. The patient scarcely lost any blood, the menses returned, and at regular periods, although the patient would not allow the bougie to remain sufficiently long, by which means the vagina, to a certain degree, became closed but not obliterated.—*Gazette de Santé, Nov.* 5.

Legal Medicine.—A man, named Pateit, who was executed in the Low Countries, for murder, on the 27th of last August, made some important disclosures before his death. He declared among other things that the death of one of his uncles, who died on the 28th of May 1823, was produced by some poison which the wife had given him. Although the body had been interred sixteen months, it was taken up and examined. Notwithstanding the putrefaction of the whole body, the stomach was entirely free from it, and it was ascertained that it contained some poisonous substances. It is not the first time that such a case has occurred. But it is useful to record facts of this nature, to prove the degree of precision at which analytical chemistry has arrived. The preservation of the stomach, in the midst of general putrefaction, has nothing singular in it, although the Dutch journal which states the fact does not mention whether it was a mineral poison; for it is well known that chlorurets, for instance, preserve animal substances from all putrefaction.

Royal Academy of Medicine.

Sitting of the 27th of July.—M. Guibardin read a paper on the bad effects of the ergot of rye when used to promote labour. He stated, that in the colonies the substance is regarded as a sure means to produce abortion, and the death of the fœtus. M. G. thinks, therefore, that the ergot of rye ought never to be employed but with the greatest care, and only in cases of inertia uteri, or to cause the expulsion of hydatids from the uterus.

General Assembly, Aug. 3*d.*—M. Dupuy read a paper on the pleurisy of horses. He produced this inflammation by injecting oxalic acid into the pleura. He ascertained that, a few hours after the injection, a certain quantity of liquid was already effused. M. D. discovered, by chemical analysis, that the flakes floating in the liquid, said to be albuminous, are composed of fibrin. This liquid, moreover, contains albumen, traces of oxyde of iron, and different salts.

Aug. 10*th.*—M. Leveille showed a tubercle, of the size of a hen's egg, which was developed between that portion of the dura mater and arachnoid, the external and internal part of the left lobe of the cerebrum. Its covering was united by several organized cellular adhesions to the arachnoid. The individual in whom this was found had, for a long time, been in a complete state of imbecility, without offering any other particular symptom. He had been blind for two years, and the optic nerves were in a state of complete atrophy.

Cheapest mode of procuring Bodies.—Anatomical Lectures.—Resurrection Men.

To the Editor of The Lancet.

Sir,—The fearless manner in which you have invariably acted, when the interest of the younger members of the profession has been in question, is a sufficient voucher that you will insert the following remarks, if you

think they can, in any way, tend to assist the students in their pursuits.

I will not occupy your pages with reflections on what *ought* to be done by the higher powers in aid of the study of anatomy, but endeavour to show what *may* be done by the students themselves to remove the difficulties which their more immediate predecessors have laboured under, and from which they are also likely to suffer, if they do not now act with decision.

About four years ago, owing to circumstances which it is unnecessary to enter into, the teachers in some of the larger schools were induced to take upon themselves the responsibility of procuring for their students bodies at a certain price, instead of permitting the pupils to receive them as formerly, through the porter, from the resurrection men. Ever since this voluntary and ill-judged act, the difficulties of the students have gradually increased. The lecturers have been also completely duped by the men, and especially by one of the name of *Murphy*, who has amassed a sum sufficient to enable him to keep all the others under his command, and to be almost independent. Some idea may be formed of the peculiar talent of this man, and perhaps of the weakness of the lecturers in the principal schools, by the fact, that he has levied not less than 800*l.* or 1000*l.* from them during the last three years, in the form of douceurs, or under the pretence of removing certain difficulties. That the interests of the students have been hurt instead of benefited by the system which the lecturers have lately pursued, is proved by the condition of every dissecting-room in London. Indeed, all who know any thing of the system of the schools must now be convinced, that as long as the resurrection-men consider that the teachers must supply the students at a fixed price, the difficulties will continue, and even increase. These fellows know well that the principal lecturers in London would rather pay any sum than be subject to the annoyances which they have it in their power to inflict; proceeding upon this supposition, they have found it easier to extort money from the teachers than to bring bodies for the use of the students.

The late resolution of the Lecturers in the Borough is a sufficient proof that this is not an exaggerated view, since, by their refusing to take any fee for the Dissecting Rooms from the students (to be rid of the annoyance of procuring bodies for them) they must have made this season alone a sacrifice of at least 500*l.* However, in whatever light this change of the established fee in the Winter Schools of Anatomy may be viewed, the determination of these gentlemen to return to the old system of not interfering with the prices of bodies, but of leaving the management, as formerly, entirely to the students, through the porters, if adhered to, and if followed up in the other schools, and especially if it be acted on by the students, will do more good than all the bribes and douceurs that have been given. It will, in short, bring the men to reason, for instead of their being then able to calculate on what might be extorted from the lecturers, they must depend entirely on the money which they receive from the students for the bodies as they are brought in.

If this plan be followed up, the students will soon have ample opportunities for prosecuting anatomy; but they must expect to be thwarted by the man already named, as he is cunning and clever, and the more dangerous, as he has amassed so much money as to enable him to be merely the employer of the other men, whom he keeps in subjection, by lending them money on which he can arrest them when he chooses. The students will by him (who, by the way, seldom or never runs any risk himself) be told much about the increased difficulties of procuring bodies, but that this is merely for the purpose of extorting money may be shown by the fact, that if at any period last year a high price was offered for a body, he immediately procured it. But there is a trick of this man which should be known, as *it*, more than any circumstance, has led to the present difficulties. When he found that bodies were procured through any other channel than his own, he used to open graves in the grounds from which subjects had been taken, and leave the bodies exposed for the purpose of exciting disturbances.

We may be surprised at his boldness, but more at the imbecility of the lecturers, and indeed at that of the magistrates, who have so long permitted such a fellow not only to disturb the public mind, but even to stop the regular course of anatomical studies at the principal schools; for one part of his system has been to occasionally supply with bodies the schools which he believes to be in opposition to those which have been long established, while he prevents any being carried to the old schools, in the hope of forcing the lecturers to submit to his terms.* He certainly succeeded in this, but surely the teachers in the new schools have too much respect for themselves, and stand on too good a basis to permit it to be said, that they will in any way be parties to this fellow's schemes, against the general body of students; and it is to be hoped that they will so act as to put an end to the boasts which he publicly makes of being their supporter against the old lecturers.†

In short, it may be affirmed, that unless every lecturer in London shall resolve to have nothing to do with the matter of procuring bodies, and unless the students shall be peremptory in insisting that no money be given, except when bodies are received, and that the prices shall be moderate, the difficulties must increase. But let them, above all things, beware of entering into any bargain with Murphy, and especially into that which is already spoken of, for he will most assuredly deceive them. He is, at this moment, proceeding on his former system, preventing the other men from taking bodies into the schools, in the hopes that the lecturers may be forced again to yield to him.

It is absurd to draw a comparison between the methods in which the schools in Paris are supplied, with those of London, or to suppose that the regulations in France can ever be imitated here, where all the sources from which bodies might be procured, without hurting the feelings of the public, are under the surveillance of a number of individuals, who cannot be expected to be unanimous on a question of this kind. These establishments in Paris are under the command of a government which can act despotically.

The procuring of bodies, for the purpose of dissection, will probably always be considered an illegal act in England; but the directors of the establishments in London, where sufficient numbers of bodies might be procured, without the feelings of any person being hurt, may be asked how far they act wisely, for their own comfort or peace of mind, or for the good of the community, by throwing obstacles in the way of procuring bodies from the only source which can be considered legitimate in this country. Do these gentlemen, when they admit the necessity of anatomical investigations, consider that, by their acts, a dead body has become more valuable than a living one, and that they have made it more easy for the resurrection-men to procure the bodies of those who have died surrounded by relations, than of those who leave no friends behind them,

* It is to be hoped that the following story, which is at present current, is without foundation. A pupil of a certain hospital found Murphy at the door of one of the new lecture rooms, and on applying to him for a subject, was asked to which school he belonged; on being told, Murphy said, "You cannot have one for less than 20 guineas, as I am determined that none shall go into that school for a less sum."

† The lecturers have certainly been much to blame in the spirit of opposition which they have shown to each other, but the conduct of the students has not been irreproachable, at least the accepting a douceur has not been quite consistent with their character as members of a liberal profession. A student pays three guineas for a course of dissections,—the lecturer supplies him with a body at four guineas, for which he has paid 10, and even 12; so that, in fact, these lecturers, instead of being repaid for their trouble, have given each dissecting pupil a douceur of five guineas, or at least three. No opposition coaches ever did any thing equal to this to procure passengers. It is not surprising that some of the lecturers should at last have given it.

to have their feelings harrowed by the idea of their graves, being disturbed. But it is, perhaps, unjust to blame the directors of the establishments alluded to, since the appearance and history of the bodies that have been used in the schools of London, during the last three years, show that these gentlemen have really acted up to what they have asserted at their meetings—that they would rather give up the mortal remains of themselves and of their dearest relatives, for the general good, than of those who have died in the eleemosynary institutions of which they are guardians.

I am, sir, your obedient servant,

X.

Oct. 30th, 1824.

To the Editor of THE LANCET.

"Tros, Tyriusve, mihi nullo discrimine habetur."

SIR,—Every one who writes, or rather publishes, a book (for many, thank heaven! perish in embryo,) knows and feels that it will be amenable to criticism; and a scribbler, in most of the numerous magazines of general literature, information, or science, sees, in some degree, the same rod hanging over him *in terrore*: for *they* generally admit not only acknowledged, but also anonymous critiques upon the different papers to which they have given publicity. Our *medical periodicals* are, I believe, the only universal exceptions to this very wholesome check upon the *cacoethes scribendi*, and as they make it a point of etiquette never to observe (unless in a laudatory strain) upon the various communications contained in each other, and *invariably* shut out from *their own pages* all fair, *if unacknowledged*, disquisition relative to every thing contained within *their own covers*, they have become a kind of established sanctuary, within the pale of which, puerility may take refuge, and anility indulge in repose. In saying this, I would on no account wish to be understood as insinuating that all, or even a majority of the contents of our journals, come within one or other of these denominations; on the contrary, they constitute but a very *small minority*; and I must frankly confess that I do not see how the editors can with any grace and efficacy extricate themselves from the dilemma. Did they enter into a decided and open system of criticism upon the labours of their brethren, a civil commotion of a most uncivil and unprofessional character, "a bellum internecinum," would be the result, and did either they or their anonymous correspondents indulge in free discussion upon the contents of their own pages, there would soon be a lamentable dearth of "*original communications.*" They might, however, exercise the power of *selection*, and the prerogative of *rejection* to a certain degree. At present, *every thing* appears to be accepted, and *every thing* published; and although other periodicals abound with "*A. B. is referred,*" and quirks, quibbles, and puns, upon *declined contributions*, throughout the whole alphabet, yet *they* never by any chance or accident politely say, that "Mr. or, Dr. ——'s case is interesting, but of too ordinary occurrence," &c. &c.

Considering some such restraint upon prurient journal figurantes, as I have mentioned a desideratum, and convinced that it would make many consider whether it were "prudent to appear in the capacity of authors, 'invità Minervâ.'" I shall occasionally trouble "*The Lancet*" with a few remarks *en passant*, upon any papers which I may chance to stumble upon in the course of my reading, and which may appear either too jejune, or too common-place to pass without censure, even under the protection of our most respectable and valuable journals; and, I think, that by so doing, I shall confer an actual favour upon the journals themselves, as well as the medical public; preventing the first from being disfigured, and the last disgusted, by such literary monstrosities and professional abortions as I have frequently witnessed.

When I state that I do, as a principle, object to what is anonymous, and yet come forward under the privilege of a mask, and confess that it is *not now* assumed for the *first time*, some explanation may be necessary. Whoever *personally* attacks another in dis-

guise is a poltroon, and a coward—but not so he who meddles with doctrines, assertions, or opinions—*they* are public property; besides where is the name powerful enough to oppose the oligarchy of Colleges, and the Trading-Charter of Halls at one moment, and to descend at the next to "break a butterfly on a wheel,"—holding a disquisition on spinal consumption, and acupuncturation?—Mine is not that name. I may also be thought to show a very unjust partiality to censure the contributors to the "London Medical Repository," by selecting *from it alone* the objects of my vituperation; but the fact is, that with the exception of the Medico-Chirurgical Review, (a work of a different description,) this is the only medical journal which I am in the habit of taking. Of course (as its price is regulated by that of its numerous contemporaries) I can have no other inducements to take it in preference to another, than an opinion (whether just or not) of its superiority. During several years my name has occasionally appeared (and always under circumstances both flattering and attentive on the part of its editors, to whom I am a perfect stranger) on its pages. It cannot, therefore, for a moment be supposed, that I am actuated by any inimical motives towards that publication. Of THE LANCET I have never yet seen a number—my friendship for it must therefore, at all events, be *purely platonic*. An originally moderate circle of professional acquaintance in England, has been greatly contracted, by long and acknowledged interminable absence on my part, deaths and removals on theirs, and naturally and pardonably mutual obliviscence; as most feelings of a friendly nature have thus gradually subsided, it is not to be imagined that the malevolence of paltry competition, and petty rivalry, allowing it once to have existed, should still have survived—nay, those to whose papers I may "hint a doubt, or hesitate dislike," I have never seen, and when in addition to all this it is known, that I inhabit a *different geographical division of the globe*, from that with which I am now holding converse, and that I have *not the most distant* intention of ever revisiting the land of my birth, the grossest prejudice *must refrain* from attributing to me motives of individual animosity, or editorial intrigue and cabal; for any animadversions which I may now, or hereafter hazard, at a moment when I may feel *annoyed* by the *obtrusion* of such a paper, for example, as that by a *Mr. Gaitskell, senior*, in the sixth number of the new series of the Repository, in the midst of as able, sensible, useful, a collection, as I ever remember to have witnessed under one cover. What could have induced the poor man to come forward with such a "*mare's nest*" it is hard to imagine, but he seems to have dreamed that he has made some notable discovery; of what nature it would puzzle a conjurer to discover, as much as it would a man of ordinary methodical ideas to make either head or tail of his paper.

In the first place let me ask that gentleman, by what authority he has christened the bantling "*spinal consumption*?"—Heaven in its mercy defend us from any increase to the consumptive list! and from a succession of Gaitskell juniors, (should he have sons in the profession) with their "*knee joint*," "*hip joint*," "*elbow joint*," or "*water in the head*" consumptions—to which they have all as legitimate adjunctive claims as "*spinal*." In the next place, may I request Mr. Gaitskell, *senior*, to put his communication into intelligible English, and to tell us, in a few words, what he would be at; to drop all figure of speech, all attempt at ratiocination, and to say plainly, "I have discovered a cause of *phthisis pulmonalis*, which has never before been thought of, viz. *diseased spine*: I prove it by numerous CASES and DISSECTIONS, and I assert that *four* leeches, every *fourth* day, to the spine; a blister (because lymph is thrown out in chronic inflammation) and "*an unshackled mind*," will save many from an untimely death. Here would be something tangible and intelligible; instead of which, we are bored with his "Much ado about nothing," and left just as wise, and a great deal more weary, than he found us.

Either Mr. G. means to assert, that disease of the spine produces disease

of the lungs (in common with any other irritative cause in a consumptive habit) which he need not have been at the trouble of informing us, or he has undertaken to establish a new disease, sui generis, yclep't "*spinal consumption;*" but which of the two is his aim, I will defy the ingenuity of man to discover. I however shrewdly suspect, that in the confusion of his ideas, and his profound ignorance of cause and effect, he has concluded (from its being forced upon his notice, that the subject of scrofulous disease in the mesentery, hip joint, head, or spine, is frequently nurturing the *same class* of disease in *his lungs*, which eventually destroys him) that the *spinal* affection has *caused* the pulmonary. Is it so, friend Gaitskell? is this the result of thy abstruse cogitations; God help thee! Thou art a most worthy man, I doubt not, living in a *very populous* neighbourhood, and inhabiting (I understand) a *very large* house, but with *all these advantages*, not *quite* competent to write a treatise on *spinal disease*, or to proclaim thyself the *inventor* of *spinal consumption!!*

To conclude — If Mr. Gaitskell's paper is a treatise on *spinal disease* it is worth *nothing*; if the announcement of a discovery of *spinal consumption—less than nothing!!*

Having thus dismissed these "*airy nothings*," let us merely, for a passe temps, touch *slightly* upon Mr. Gaitskell senior's merits as an author, for the subject being a non-entity, does not prove that he has taken up the pen without inspiration: some of the cleverest lines that ever were written, were written upon "*nothing*."

"My attention (he says) has been frequently directed to a remote cause of consumption, which has been very generally overlooked, and which if attended to, the CONSEQUENT *disease* MAY BE ARRESTED"—*arrest* a CONSEQUENCE? Verily, thou wouldest make a prince of *Humbaitiffs!* What! *arrest* that which does not at *present exist*, but which is to *follow?* Surely, *thou* wert not born "*in an age enthusiastic to cultivate the higher functions of the nervous system.*" Perhaps thou wert threatened with "*spinal consumption*" in thy younger days. Another time bear in mind, that *consequences* are to be PREVENTED, *not arrested.* "The *muscular flesh wastes.*" What is muscular flesh? and what other flesh is there (I mean in a *modest* sense of the word) in contradistinction?

That *little* patients have instincts as well as *large* ones, cannot be denied; but before Mr. G. again uses "*instinctively*," he would do well to learn the distinction between *intellectual* and *instinctive powers*, and to convince himself, that although filling the mouth may be *instinctive*, yet opening it is also an *intellectual* act.

"*Extended*" appears, with Mr. G., *not* to boast of a very *extensive* signification; and "*stooping*" he seems to consider synonymous with bent, distorted, or crooked. "*The relations and friends*" (to whom he refers) must be very hard-hearted "*to rebuke their child for indolence, as well as chide it for the* INELEGANCE *of its shape.*" "*These mechanical means*," which he has just been anathematising, "as *well suited to inanimate* bodies, but not to living ones,"—"aided by, &c." he discovers to, "*sometimes interrupt the progress of disease*, by *improving the muscular power, which balancing the spinal column on its basis, the health becomes ultimately restored;*"—for which read, "the health *becoming restored*, the muscular power improves, &c. &c." —giving him the benefit of an '*erratum.*' At last his patient *dies* with a 'sudden failure of muscular power—*obstinate constipation—diminished* animal *heat*—impaired appetite—cough WITHOUT *expectoration*, and atrophy;' and although we have now been holding converse together as *author* and *critic*, let us for a moment resume our professional characters, and ask whether this be *consumption! pulmonary consumption!—phthisis pulmonalis!*—as like it as Mr. Gaitskell, senior, (doubtless a good-like man, for he is a prodigious favourite with the ladies) is to Hercules! And since we have resumed our professional identity, let us inquire what is meant by the statement under diagnosis, that this Gaitskell chimæra, this spinal consumption, is '*unattended by febrile paroxysms, &c.?*' and in the next page, '*this species of hectic.*' '*The skin is cool and never hot,*' reminds one of the old clerk at St. Botolph's, who, in reading Sternhold and Hopkins, used either from the shortness of his breath, or the quantities of punctuation in former days, to bring in a pause so

apropos (as our friend Mrs. Malaprop would say) that he invariably informed his audience, '*The Lord will come, and he will not*—' commanding them, after the lapse of half a minute, to '*keep silence, but speak out*,' which they were fools enough to consider something like a solecism.

Of all the cants of this canting age (the cant of saints excepted) none is so disgusting—none so absolutely mawkish, as that about '*mental precocity*,'—'*cultivating the mind at the expense of the body*'—'*pressing knowledge too early in life*'—'*sacrificing physical development and energy to premature exertion of the faculties*,' &c. By all the addled brains of our grandmothers, one would suppose that the world was swarming with 'Admirable Crichtons.' Master Crotches and Miss Fishers, that you dared not venture to whip a child's bottom, lest he should be a Newton in petticoats, and turn round and prate logic at you—that two year old Lockes were as thick as hops—that a generation of Bacons were philosophically bedanbing their clouts, and young Masters Descartes their new breeches—that our boys were as crammed with knowledge as an egg with meat, and our girls "*blue stockings*" in socks—when the real truth is, that our boys are (as of yore) hearty, mischievous, idle dogs, and that with all the flogging in the world, not one in one hundred turns out into the world

> 'With brains enough to serve at most
> To guard their master 'gainst a post.'

That our girls dance, satin-stich, and play on the harp, and seldom exercise the intellectual faculties farther than to make up their minds, that they came into this world to *get husbands*, and make themselves the exhibition posts of milliners' handy works.

And who is it that is echoing for the fiftieth time this intellectual wail!! Some palsied example of this mental cannibalism! this preying of the mind upon the body! Some unfortunate wretch who has existed by '*mortgaging his brains*,' until the mortgage has swallowed up the estate? No! Surely, then, one who has lived, moved, and had his whole being in a galaxy of wit, learning, and science? who has associated all his days with these victims of the "*enthusiasm of the age*," these "*precocious minds*," and is therefore feelingly alive to the hecatombal sacrifices which are daily being offered to this modern Jagernaut. No such thing. He is neither more nor less than "*Mr. Gaitskell, senior, Surgeon, apothecary, and man-midwife*, living in the populous suburb of Rotherhithe—a most worthy, respectable man, I make not the least doubt, but for ought I know to the contrary (for I never to my knowledge saw him) *is in excellent bodily case*, and in as full exercise of his mental powers as most of his neighbours; but neither the author of *Utopia*, nor of the *opium-eater*; and perfectly innocent (I believe) of having encouraged *precocity* in any of his *sons* or *daughters*. He has a very large practice in a very extensive neighbourhood of boat-builders, ship-chandlers, and sail-makers, excellent patients, doubtless, but as guiltless—God help them! of any thing approaching to intellectual precocity, as I am of having written La Place's great work. For pity's sake, therefore, let us hear no more of this from—Rotherhithe! It is bad enough from those who are doomed (a dire doom!) to physic pert, forward children, and savantes mammas in the purlieux of *St. James's*. When Mr. Gaitskell talks about "*nature* being deprived of the power of unfolding in her own way," &c. he talks nonsense. Those who are so unfolded are called, par excellence, *naturals*: when he speaks of the confinement, bad air, back-boards, scanty food, sitting upright, without support, taking only constrained exercise and other abuses of schools, he talks *good rational sense*, and I am ready to go hand in glove with him. What are termed the "Seminaries of learning," are generally the hot-beds of disease, and any thing but what they ought to *be*—especially those for females: but let me be clearly understood, it is not THE ACT, but the MODE of cultivating the mind which I object to. *He* objects to the ACT, and would let children run about as uncultivated as goslings, during the *prime period for culture* (for it cannot commence *too early*), at the expense of making them little better than geese, when they arrive at maturity. No, no, this is a

point which I never will cede—begin *early*, and leave off late; *cultivate the mind to its utmost extent*; this is a stock in trade which the future man may always carry about with him; a mental aristocracy without a herald's aid—his *resource* in happiness and misery—in health and in sickness: it is that blessing which "the world can neither give nor take away;" and do not attempt to make me believe that this cannot be done without a sacrifice of health; it is absurd; unless indeed when female children are "*sent to school by parents to be out of their way.*" Here Mr. G. is in his element, and his authority is good. These are the mammas with which Rotherhithe probably abounds, and these are the schools, and this the sort of "*learning*," which induce *disease*, but certainly not "precocity," unless *boarding-school airs* be precocious.

A very slight perusal of Mr. SHAW's book will set Mr. G. and all who object to "the sitting upon a low chair with the book in the lap," right upon this position, which he most ingeniously demonstrates to be "the very best of all possible positions;" adducing, in proof, the *caricature-like* erectness of tailors. And as to the "pressure upon the *spinal nerves* destroying their functions slowly and imperceptibly," he may rest assured that it is all "leather and prunella."

"It has been a rule with me (says Mr. G.) for many years, when consulted by patients who have lost much flesh *by absorption and imperfect reparation of the different organs.*" What in the name of our unfortunate mother tongue is all this! Can Mr. G.'s credulity lead him so far as to suppose, that this farrago is intelligible to any human being? In sober sadness, does he understand it himself? Of the treatment I shall say nothing. The *only parts* of *that*, as well indeed as of the *whole paper*, and referring (be it understood) to spinal disease *exclusively*, without the slightest reference to phthisis worth detailing, are *borrowed*, and *borrowed without* acknowledgment. In fact there is not a new idea, nor a novel suggestion from beginning to end, and Mr. G. has either been writing a very meagre treatise upon a disease as old as the flood, or must but just have escaped from the ark along with numerous other birds, beasts and fishes, to think of palming such a thing upon us for new or rare. Having, however, several other friends upon my list, I must take my leave of him, giving him a hint, that "Not every man who can bring a child into the world, is fit for *an author.*"

It was my intention to have said a few words regarding several other cases which I think objectionable, either on account of their every day occurrence or incompleteness, but I have neither time nor inclination at present, and must therefore reserve them to some future opportunity. I cannot, however, avoid noticing the following advertisement upon the cover of either the Repository or Med. Chir. Review: viz. "*This day* is published in QUARTO, with *four* illustrative plates, PRICE 10*s.* 6*d.*!!!" What? either Cuvier's stupendous work, or some standard volume by Cooper, or at least *something* by *somebody*; but No! (in the name of the Prophet—Figs!!) "An account of recovery after the *shaft of a chaise* had been *forced through the thorax*, to which is now added a statement of the health of the sufferer, from the period of his recovery until his decease, with the appearances of the injured parts after death. By WILLIAM MAIDEN, Member of the Royal College of Surgeons, &c."

Gentle reader, didst thou never hear called aloud in the streets, in tones not the most harmonious, "*Here you have the last dying speech and confession*, &c. &c.; and as how he first cut her throat; and what he did after he left the fatal spot; and how he was haunted by her ghost; and finally, how his wicked body was given to the surgeons to be anatomized"—and does not this notable proema put you very much in mind of it? Contrary to the assertion with which I set out, I do, or did some years agone, know the gentleman whose name stands thus conspicuous; and I know him to be as good-natured, inoffensive a man, as ever drove a fast horse, or cultivated a bed of tulips, to both of which he is, or was, somewhat addicted; but I should just as soon have dreamed of his horse turn-

ing tulip fancier (unless as an article of food) or of his tulips writing a history of their loves, as of his turning author. What! friend Maiden! and art thou really in print? And in *quarto* too? And with *four* illustrative engravings? And at the *moderate* price of *ten and sixpence?* And is it the *old story revived?* The *shaft story* still? Shame to thee, friend Maiden! folks will begin to opine, that as the old harper could only play "*over the hills and far away,*" so thou, for the same reason, art obliged still to harp upon the same chord, "*the shaft story;*" hast thou so soon forgotten the quirks and gibes of thy deceased friend Price, who never could be brought to believe, *but that* the shaft had performed a circumbendibus in its passage, glanced round the ribs, and popt out from behind the scapula. Why he used to make thee repeat the "*shaft story*" at every medical dinner, both public and private, at which you met, till even thy good nature had almost wished him impaled upon one of his own; and yet, forth comes this notable "fabula anilis," in all the pomp of plates, and quarto. Shame, shame to thee, William!

In a few words:—An unfortunate wight was, some years ago, impaled upon a gig shaft, *my farrier* extricated him; William Maiden and *Sir* William Blizard bled and purged him, the devil took care of his own, and he recovered; and now he is shown up *in quarto!!* Even in this book-making age, it is *too bad.* The case might have been worthy of an ephemeral existence in some periodical, as proving how tenacious of life some men are; but beyond this, its publication is an outrage upon common sense, and *William Maiden* KNOWS IT!!—Verbum sat.

CASTIGATOR.

12th October, 1824.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

Continuation of the Case of Thomas Key, from p. 222.

Nov. 1st. The patient gained some rest occasionally, during the night, and says himself that he slept well. The arm is easier, though still much swelled; the incisions have allowed of the dilatation of the parts, and thereby diminished the tension; the longest is an inch wide and the other almost three quarters of an inch. Mr. GUTHRIE carried the former, at its upper part, three inches higher, and an inch down towards the hand.

An aperient draught was administered this morning, and is ordered to be repeated, as it has not at present (half past twelve) operated.

The pulse is 90, and more tranquil than it has been since his admission; tongue a little moist, and still furred. He was better at three o'clock, p. m. but, as the bowels were not open, the following medicines were administered:

℞. *Magnes. sulphatis*, ℥i.
Infus. sennæ, ℥vi.—M. *Cochl. tria magna 3tiis horis donec alvus responderit.*

℞. *Extract. colocynth. c.* gr. vi.
Hydrarg. submur. gr. iv.—M. ft. *Bolus hora somni sumend.*

2d. The patient much better this morning; he slept well during the night; bowels plentifully operated upon by the medicines. The skin over the body is moist and soft, and on the arm the integuments appear separating in several places. The tongue moist, but furred; pulse 92. Continue the treatment.

3d. Pulse 92, pretty full and strong; skin soft and moist; tongue cleaner than yesterday. The skin of the arm is sloughing in some parts, and granulations are arising in the incisions, of a colour rather too dark perhaps, but still firm, and they may be termed healthy.

℞. *Conf. aromat.* gr. x.
Misturæ camphoræ, ℥iss.
Aq. distillat. ℥ss. M. ft. *haust. 4tiis horis sumend.*

The diet of the patient consists chiefly of bread pudding, and light farinaceous substances, and six ounces of wine are daily given in his food. Persist in the use of the poultices to the arm.

4th. Much better to-day. The bowels are open; tongue cleaner; pulse 90, full and rather strong. During the night the patient slept pretty well.

5th. Pulse 88, full, but quieter. Less inflammation exists in the arm, and the swelling consequently is much diminished. Bowels open; tongue but little furred.

6th. Much worse to day in several respects. A good deal of fever exists; the tongue more furred than yesterday, but rather moist; bowels not sufficiently open; the pulse strong, and full 96 strokes in a minute.

R. *Liq. Ammon. acet.* ʒss.
Mist. camphoræ ʒiss. M. ft. *haust. Capiat æger unum quartis horis.*
R. *Ext. colocynth. c.* gr. vj.
Calomel. gr. iij. *statim sumend.*

7th. The bowels have been relieved, and the patient feels better. Tongue less furred; pulse 92, soft, yet full.

R. *Decoct. cinchonæ*, ʒiss.
Acid. sulph. dilut. m. v.—M. ft.
haust. 4tiis horis sumend.

8th. Much the same as yesterday.

9th. Pulse 88, tranquil. Bowels open; tongue furred in some places and clean in others. The integuments from the arm have sloughed from the anterior and outer side, and have been removed, leaving the muscles bare. Granulations arise over the sore, and the general health is much improved. To-day the arm has been dressed with lint and bandages for the first time, omitting the poultices.

Wednesday, Nov. 10. To-day the patient is very much better; he slept well during the night, and feels refreshed after it. The tumefaction of the arm has totally subsided, and the inflammation is quite gone, the skin above the elbow, and on the hand, being fair and soft. The integuments on the fore-arm are sloughing, and this morning a considerable portion of them has been removed. The bowels are regularly evacuated; the tongue is but little furred; pulse 90.

Thursday, 11th. The amendment in the health of the patient continues; the bowels open; tongue slightly furred; pulse 90, firm, and regular. There is no sensation of pain in the injured parts, except a feeling of soreness, which arises from so large a surface being exposed, and irritated, probably, by the dressings. The granulations are small, firm, and florid, having a very healthy appearance.

Friday, 12th. Much the same as yesterday.

Saturday, 13th. Pulse 94 in a minute, fuller than yesterday, but soft; tongue rather more furred in the middle; the bowels have not been opened since last night. The arm continues going on well, and free from all pain, except a little soreness. Skin soft, moist, and warm. Continue the medicines, &c.

Sunday, 14th. Not so well to-day in the constitutional affection, though the local one is but little disturbed, the granulations remaining firm and healthy. No stool has been passed; rather restless during the night; tongue little furred; pulse 98, full, and rather quick.

Let the patient take a dose of the common house mixture, and omit the use of the wine.

Monday, 15th. Better this morning. The bowels have been relieved several times: slept pretty well in the night; pulse 92, soft, though full; tongue clean; the arm continues going on favourably; skin soft and moist.

Wednesday, Nov. 17. The amendment continues; bowels open; tongue but slightly furred; pulse 90, firm and full. Put the patient upon full diet.

Friday, 19. All goes on well; the full diet and porter, of which two pints are taken daily, agree perfectly; pulse 88, regular; bowels open.

Monday, 21. The health of the patient gradually establishing. At this time he eats with an appetite any thing set before him; the bowels are regularly open; tongue quite clean; pulse 84; the wound looks well, the granulations are healthy, and the edges slowly contracting: it is at present dressed with a plaster of common mild ointment, and a bandage, but in a few days this will be altered for strapping of adhesive plaster, if the improvement continue; and should any untoward circumstances arise, they will be reported.

ST. THOMAS'S HOSPITAL.

A Case of Fungous Disease of the Testicle.

R. B., aged 27, was admitted into George's ward of this Hospital, October 20, under the care of Mr. GREEN.

The patient is of a light complexion, and by trade a carpenter. He said that his previous habits had been regular, of which, however, there is some doubt. At the time of his admission his health appeared very much broken up; he had a quick pulse, a short cough, and a hectic flush upon the cheek.

He states, that about three months prior to his coming to the Hospital, he had an attack of gonorrhœa, which was soon followed by a swelled testicle; that the swelling of the testicle suddenly subsided, and returned again in the course of a few days, and that it became hard and painful; since which time it has been gradually increasing in size.

When he came into the House the testicle measured about eight inches in length, and thirteen in circumference, although its natural figure is preserved. The swelling is firm throughout its greater part, but in other parts has rather a pulpy feel, and tubercles about the size of peas may be readily distinguished on its surface. The epididymidis may be distinctly felt, but much enlarged; the veins on the scrotum are much increased in size, and the whole of the scrotum has a purplish appearance, but pressure on it does not give much pain. The chord is much thickened, and in the inguinal canal is a swelling about the size of a pigeon's egg, having a pulpy feel; he said that this tumour first began to form about a fortnight after the swelling of the testicle. He had when he came in also a slight gleet. A few days after he had been in the Hospital; he had symptoms of an acute inflammation of the pleura, for which he was twice bled, and afterwards had blisters applied; the complaint appeared to be subdued by this practice; but in a short time it returned again with increased violence, and on the 18th November he died. Leeches and poultices had been applied to the testicle without producing any relief.